

## OUTSTANDING EMPLOYER OF THE YEAR

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These awards are offered for outstanding achievement in improving employment opportunities for people with disabilities. Three awards are given to employers.

- **ONE** - small private employer; with less than 50 employees; (non-government).
- **ONE** - large private employer; with more than 50 employees; (non-government).
- **ONE** - public employer (local, county, state or federal government entity, school district, university) of any size.

NOMINEE'S NAME: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_  
Address City Zip

BUSINESS PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

CHOOSE EMPLOYER CATEGORY (choose one only)

- ☐ Small private employer      ☐ Large private employer      ☐ Public employer

TOTAL NUMBER OF EMPLOYEES: \_\_\_\_\_

NUMBER OF EMPLOYEES WITH DISABILITIES: \_\_\_\_\_

NUMBER OF EMPLOYEES HIRED LAST YEAR WITH DISABILITIES: \_\_\_\_\_

NOMINATION SUBMITTED BY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

1. Describe the policies and procedures for outreach and recruitment, placement, training and career advancement of employees with disabilities?

(Continue on back)

2. What efforts are made to accommodate workers with disabilities? Provide specific examples.
3. What orientation or training has been held to ensure an effective working relationship with employees with disabilities?
4. How does the employer ensure that employees with disabilities are fully included in the company's workforce?
5. Has the nominee made an effort on the local, state, and/or national level to encourage other employers to hire people with disabilities?
6. Why do you feel this nominee is deserving of this award?
7. Please include 2 letters of support or letters of recommendation. Letters must be from persons other than the nominator.

(Nomination may include additional items (i.e., newspaper clippings, magazine articles) not to exceed a total of 7 pages; all copies or reproductions of articles must be on 8 1/2 X 11" paper.

